



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO.

|                                      |   |   |
|--------------------------------------|---|---|
| INTERSTATE <input type="checkbox"/>  | CITY STREET <input checked="" type="checkbox"/> | FIRE RESULTED <input type="checkbox"/>      |
| STATE ROUTE <input type="checkbox"/> | OTHER <input type="checkbox"/>                  | STOLEN VEHICLE <input type="checkbox"/>     |
| COUNTY RD <input type="checkbox"/>   | PRIVATE WAY <input type="checkbox"/>            | HIT & RUN INVOLVED <input type="checkbox"/> |

|                     |          |               |  |
|---------------------|----------|---------------|--|
| CASE #              | 14-01649 |               |  |
| LOCAL AGENCY CODING |          |               |  |
| TOTAL # OF UNITS    | 02       | OBJECT STRUCK |  |

|                    |  |
|--------------------|--|
| TRIBAL RESERVATION |  |
|--------------------|--|

|                                  |             |          |         |            |
|----------------------------------|-------------|----------|---------|------------|
| M M D D Y Y Y Y                  | TIME (2400) | COUNTY # | MILES   | CITY #     |
| DATE OF COLLISION 07 - 16 - 2014 | 2010        | 31       | N S E W | IN OF 0664 |

|   |   |      |
|---|---|------|
| ON (PRIMARY TRAFFIC WAY) INTERSECTION <input type="checkbox"/> NON-INTERSECTION <input checked="" type="checkbox"/> | BLOCK NO. <input checked="" type="checkbox"/> | 9600 |
| MARKET PLACE  | MILE POST <input type="checkbox"/>            |      |

|                            |   |
|----------------------------|---|
| DISTANCE 500 00 MILES FEET | OF (REFERENCE OR CROSS STREET) 99TH AVENUE NE |
|----------------------------|---|

|         |   |                                      |  |       |
|---------|---|--------------------------------------|--|-------|
| UNIT 01 | MOTOR VEHICLE <input checked="" type="checkbox"/> | PEDAL-CYCLE <input type="checkbox"/> | DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | PHONE |
|---------|---|--------------------------------------|--|-------|

|           |         |            |          |                |   |
|-----------|---------|------------|----------|----------------|---|
| LAST NAME | SUMMERS | FIRST NAME | RACHELLE | MIDDLE INITIAL | A |
|-----------|---------|------------|----------|----------------|---|

|                    |                      |
|--------------------|----------------------|
| STREET NEW ADDRESS | 11910 22ND STREET NE |
|--------------------|----------------------|

|      |              |    |    |     |       |
|------|--------------|----|----|-----|-------|
| CITY | LAKE STEVENS | ST | WA | ZIP | 98258 |
|------|--------------|----|----|-----|-------|

|     |              |              |
|-----|--------------|--------------|
| CDL | RESTRICTIONS | ENDORSEMENTS |
|-----|--------------|--------------|

|                    |              |       |    |     |   |                 |    |    |      |
|--------------------|--------------|-------|----|-----|---|-----------------|----|----|------|
| DRIVER'S LICENSE # | SUMMERA204B5 | STATE | WA | SEX | F | D.O.B. MMDDYYYY | 01 | 25 | 1980 |
|--------------------|--------------|-------|----|-----|---|-----------------|----|----|------|

|                                  |        |        |   |        |   |       |   |            |              |   |                    |
|----------------------------------|--------|--------|---|--------|---|-------|---|------------|--------------|---|--------------------|
| ON DUTY <input type="checkbox"/> | STATUS | AIRBAG | 2 | RESTR. | 9 | EJECT | 1 | HELMET USE | INJURY CLASS | 1 | NATURE OF INJURIES |
|----------------------------------|--------|--------|---|--------|---|-------|---|------------|--------------|---|--------------------|

|                 |         |       |    |      |                   |
|-----------------|---------|-------|----|------|-------------------|
| LICENSE PLATE # | AGJ3804 | STATE | WA | VIN# | JF1SG65655H706898 |
|-----------------|---------|-------|----|------|-------------------|

|                 |       |                 |       |
|-----------------|-------|-----------------|-------|
| TRAILER PLATE # | STATE | TRAILER PLATE # | STATE |
|-----------------|-------|-----------------|-------|

|           |      |      |      |       |        |       |    |   |          |   |
|-----------|------|------|------|-------|--------|-------|----|---|----------|---|
| VEH. YEAR | 2005 | MAKE | SUBA | MODEL | FORRES | STYLE | 4H | VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | TOWED BY | GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|-----------|------|------|------|-------|--------|-------|----|---|----------|---|

REGISTERED OWNER INFO. OWNED BY DRIVER

|   |                         |                                 |
|---|-------------------------|---------------------------------|
| LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>                 | INSURANCE CO & POLICY # | LIBERTY MUTUAL A022686554414040 |
| VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/> | CITATION #              | CHARGE                          |



|         |   |                                      |                                     |   |  |       |
|---------|---|--------------------------------------|-------------------------------------|---|--|-------|
| UNIT 02 | MOTOR VEHICLE <input checked="" type="checkbox"/> | PEDAL-CYCLE <input type="checkbox"/> | PEDESTRIAN <input type="checkbox"/> | PROPERTY OWNER <input type="checkbox"/> | DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | PHONE |
|---------|---|--------------------------------------|-------------------------------------|---|--|-------|

|           |        |            |      |                |   |
|-----------|--------|------------|------|----------------|---|
| LAST NAME | KINGMA | FIRST NAME | TODD | MIDDLE INITIAL | M |
|-----------|--------|------------|------|----------------|---|

|                    |                |
|--------------------|----------------|
| STREET NEW ADDRESS | 410 4TH AVENUE |
|--------------------|----------------|

|      |         |    |    |     |       |
|------|---------|----|----|-----|-------|
| CITY | SEATTLE | ST | WA | ZIP | 98014 |
|------|---------|----|----|-----|-------|

|     |              |              |
|-----|--------------|--------------|
| CDL | RESTRICTIONS | ENDORSEMENTS |
|-----|--------------|--------------|

|                    |              |       |    |     |   |                 |    |    |      |
|--------------------|--------------|-------|----|-----|---|-----------------|----|----|------|
| DRIVER'S LICENSE # | KINGMTM150N5 | STATE | WA | SEX | M | D.O.B. MMDDYYYY | 08 | 25 | 1985 |
|--------------------|--------------|-------|----|-----|---|-----------------|----|----|------|

|                                  |        |        |   |        |   |       |   |            |              |   |                    |
|----------------------------------|--------|--------|---|--------|---|-------|---|------------|--------------|---|--------------------|
| ON DUTY <input type="checkbox"/> | STATUS | AIRBAG | 2 | RESTR. | 9 | EJECT | 1 | HELMET USE | INJURY CLASS | 1 | NATURE OF INJURIES |
|----------------------------------|--------|--------|---|--------|---|-------|---|------------|--------------|---|--------------------|

|                 |         |       |    |      |                   |
|-----------------|---------|-------|----|------|-------------------|
| LICENSE PLATE # | B84837N | STATE | WA | VIN# | 1FTDR15XXPPB26922 |
|-----------------|---------|-------|----|------|-------------------|

|                 |       |                 |       |
|-----------------|-------|-----------------|-------|
| TRAILER PLATE # | STATE | TRAILER PLATE # | STATE |
|-----------------|-------|-----------------|-------|

|           |      |      |      |       |        |       |    |   |          |   |
|-----------|------|------|------|-------|--------|-------|----|---|----------|---|
| VEH. YEAR | 1993 | MAKE | FORD | MODEL | RANGER | STYLE | PK | VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | TOWED BY | GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|-----------|------|------|------|-------|--------|-------|----|---|----------|---|

REGISTERED OWNER INFO. OWNED BY DRIVER

|   |                         |                             |
|---|-------------------------|-----------------------------|
| LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>                 | INSURANCE CO & POLICY # | COAST NATIONAL G00636736300 |
| VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/> | CITATION #              | CHARGE                      |



|                        |               |               |     |        |           |
|------------------------|---------------|---------------|-----|--------|-----------|
| OFFICER'S NAME (PRINT) | R. RUTHERFORD | BADGE OR ID # | 130 | AGENCY | WA0311900 |
|------------------------|---------------|---------------|-----|--------|-----------|



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO.  

CASE #

14-01649

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME  
(LAST, FIRST, MIDDLE INITIAL)

SUMMERS JORDYN L

ADDRESS & PHONE #

11910 22ND STREET NE LAKE STEVENS WA 98258

SEX

F

D.O.B.  
MMDDYYYY

06

-

21

-

1998

PASSENGER



WITNESS



UNIT #

1

SEAT  
POS.

3

AIRBAG

2

RESTR.

9

EJECT

1

HELMET  
USE

1

INJURY  
CLASS

1

NATURE OF INJURIES

NAME  
(LAST, FIRST, MIDDLE INITIAL)

DOLPH JENA A

ADDRESS & PHONE #

4913 67TH STREET NE #6 MARYSVILLE WA 98270

SEX

F

D.O.B.  
MMDDYYYY

05

-

14

-

1987

PASSENGER



WITNESS



UNIT #

2

SEAT  
POS.

3

AIRBAG

2

RESTR.

9

EJECT

1

HELMET  
USE

1

INJURY  
CLASS

1

NATURE OF INJURIES

NAME  
(LAST, FIRST, MIDDLE INITIAL)

RHODES KIERSTIN N

ADDRESS & PHONE #

4913 67TH AVENUE NE #6 MARYSVILLE WA 98270

SEX

U

D.O.B.  
MMDDYYYY

02

-

11

-

2011

PASSENGER



WITNESS



UNIT #

2

SEAT  
POS.

9

AIRBAG

2

RESTR.

9

EJECT

1

HELMET  
USE

1

INJURY  
CLASS

1

NATURE OF INJURIES

NARRATIVE

On 07/16/2014 at 2012 hours, I responded to the 9600blk of Market Place for a two vehicle non-injury collision. Upon arrival I contacted both drivers who told me the same series of events. Vehicle 1 driver was exiting a parking lot on the south side of the roadway. Vehicle 2 was travelling West on Market Place. The driver of vehicle 1 said she looked and didn't see any approaching vehicles and pulled into traffic. Vehicle 2 driver said he was heading West and vehicle 1 pulled into his lane of travel and collided with the left side of his vehicle. The driver of vehicle 1 said she believed that the speed of vehicle 2 may have been a factor. There was no injuries or traffic control at the scene of the collision.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

R. RUTHERFORD

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

07-20-14 01:58 PM

DATED

PLACE SIGNED

APPROVED BY

ROBERT MINER 095

DATE

7/20/2014 4:13:35 PM

BADGE OR ID #

130

ORI #

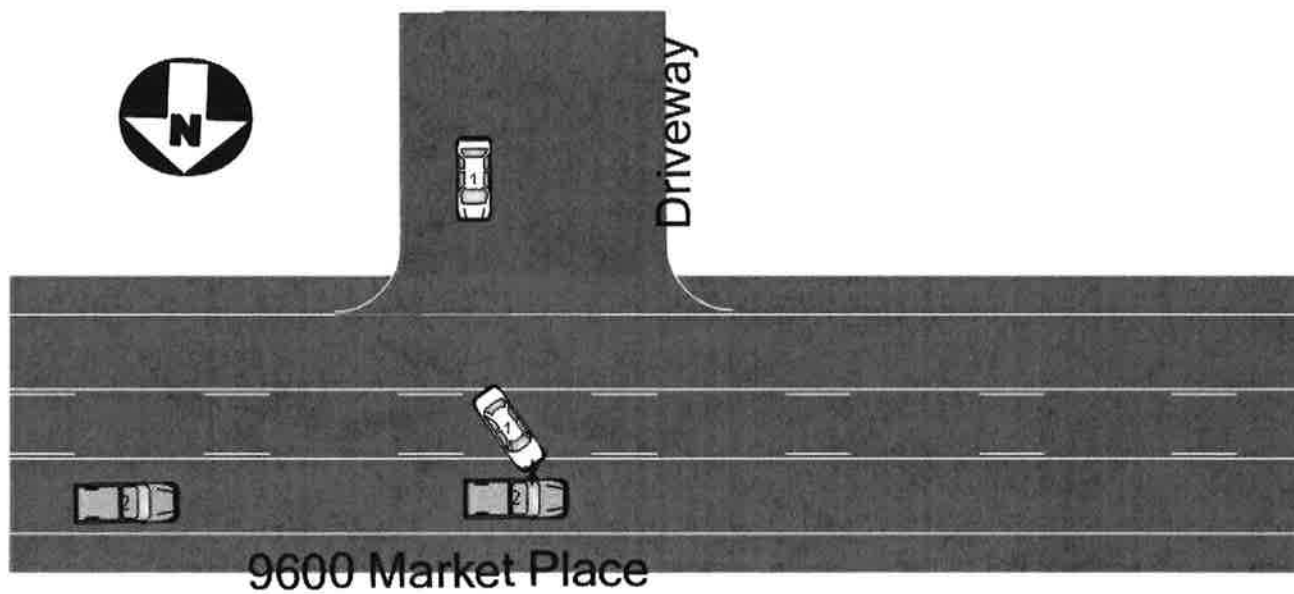
WA0311900

TIME POLICE DISPATCHED

8:12 PM

TIME POLICE ARRIVED

8:34 PM



Incident History for: #SS14013824

Case Numbers: \$SS14001649

Entered 07/16/14 20:12:19 BY SPCT10 SP0364  
Dispatched 07/16/14 20:12:48 BY SPDP17 SP0333  
Enroute 07/16/14 20:12:48  
Onscene 07/16/14 20:16:59  
Closed 07/16/14 20:34:25

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Police BLK: SS002 Fire BLK: AG1518 Map Page: 397E-1 Group: SS1 Beat: WEST

Src: T

Loc: 9601 MARKET PL ,LKS -- TARGET STORE ,LKS btwn SR 9 NE & 99 AV NE (V)

Loc Info: IFO LOC

Name: SUMMERS RACHELLE

Addr:

Phone: 4257707280

/2012 (SP0364) ENTRY ,CC, WHI 2005 SUB FORRESTER VS SIL FORD PU NONIN  
J/NONBLK, NOW IN PLOT  
/2012 (SP0333) AGCADV ,BCST  
/2012 VIEWED  
/2012 DISPER 19R1 #SS130 RUTHERFORD, OFCR (RICH)  
/2013 (SP0274) SUPP NAM: KINGMA, TODD,  
PHO: 4253666053,  
TXT: CC, OCC'D ON MARKET PL, NON INJ, NOW IN LOC  
PKLT, RP IN SILV FORD RANGER VS WHI SUBARU  
/2014 (SS130 ) \*MISC 19R1 ,R/P SOUNDS 1-98 OR INTOX  
/2016 \*ONSCNE 19R1  
/2025 \*MISC 19R1 ,VEH1 DRIVER SUMMERS, RACHELLE A 012580. LIBERTY  
MUTUAL A022686554414040, AGJ3604. PASSENER. SUM  
MERS, JORDYN L 021498.  
/2027 \*MISC 19R1 ,VEH 2 DRIVER KINGMA, TODD M 082585, COAST NATIO  
NAL G00636736300, B84837N, PASSENGER DOLPH, JENA  
A 051487, POS 3 RHODES, KIERSTIN N 021111.  
/2027 REMINQ 19R1 MDTWANT, KINGMA, TODD, M, 082585,, WA,,,,,,,,,,,,,  
/2028 REMINQ 19R1 MDTWANT, DOLPH, JENA, A, 051487,, WA,,,,,,,,,,,,,  
/2030 (SP0333) ASNCAS 19R1 \$SS14001649  
/2034 (SS130 ) \*CLEAR 19R1 D/H  
/2034 CLOSE 19R1